

1915 (C) WAIVER APPLICATION/TECHNICAL AMENDMENT TABLE OF CONTENTS

- **Appendix A/Administration:**
 - Administration pg 2: Deletion of paragraphs related to management of virtual allocation by LME.
 - Plan of Care Approval Process pg 2 & 3: Changes regarding transition to state utilization review vendor.

- **Appendix B/Services and Standards:**
 - Personal Care Services pg. 3: Change in language under 1. regarding payment to parents of minor children.
 - Habilitation/Residential Supports/Service Limitations pg 8: Deletion of phrase that “Legal guardians of the person may provide waiver services to individual since they are not financially responsible for the individual. This section is changed to read: “Payment for Residential Supports does not include payments made, directly or indirectly, to members of the individual’s immediate family. For the purpose of this service, immediate family means parent or step-parent of minor and adult children, including biological and adoptive parents, or spouse. Legal guardians of the person may only provide Residential Supports if they are not the parent or step-parent of a minor or adult child, including biological and adoptive parents, or spouse.”
 - Habilitation/Supported Employment/Service Limitations pg 12: Changed to state that SE must be reviewed every six months by state utilization review vendor.
 - Other waiver services/Augmentative Communication pg 23: Added phrase that technical assistance from augmentative communication technology professionals also includes training on use of augmentative communication. Also added phrase under Service Limitations : “Training in the use of equipment by a qualified augmentative communication technology professional may not duplicate any training provided under the definition of Individual/Caregiver Training and Education.”
 - Other waiver services/Crisis Services pg. 23: Added phrase that states that “An initial order for the service may be approved by the case manager within the limits of the service limitations noted below.”

- **Appendix B-2/Provider Qualifications:**
 - Provided for endorsed case management agency to provide/bill the following services-Home Modifications, Transportation, Specialized Equipment and Supplies, Augmentative Communication, and Vehicle Adaptations pgs 33-35.
 - Deletion of policy regarding payment to legally responsible individuals at the bottom of the grid, pg 35. Replaced with policy entitled *Services and Supports Provided by Legally Responsible Individuals, Relatives, and Legal Guardians.*

- **Appendix D/Entrance Procedures and Requirements:**
 - b. Qualifications of Individuals Performing Initial Evaluation pg 1: Deleted phrase in regard to LMEs being authorized to provide level of care determination if they have been shown ready to perform utilization review.
- **Appendix D-2/Reevaluations of Level of Care:**
 - b. Qualifications of Persons Performing Reevaluations pg 2: Added phrase that reads: “In addition, these individuals must meet the staffing requirements of the service definition of Targeted Case Management.”
 - c. Procedures to Ensure Timely Reevaluations pg 3: Deleted phrase that states that “Pending recommendations of level of care, Lead Agency/Local management Entity will complete the final determination of the continued authorization of level of care and medical necessity.” State utilization review vendor was substituted for LME.
- **Appendix D-3/Maintenance of Records:**
 - b. Copies of Forms and Criteria for Evaluation/Assessment: Deleted phrase that LMEs will perform level of care determination if they have demonstrated the ability to perform utilization review functions.
- **Appendix D-4/Freedom of Choice and Fair Hearing:**
 - Fair Hearing Process for Level of Care Decisions pg 7: Deleted the phrase that states: “If clinical staff employed by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services determines that an individual does not meet the ICF-MR level of care, the clinical staff will consult with the Division of Mental Health, Developmental Disabilities and Substance Abuse Services Chief of Clinical Policy prior to making a final decision. If after consultation with the Chief of Clinical Policy it is maintained that the individual does not meet the ICF-MR level of care a formal denial, including appeal rights is submitted to the individual/legally responsible person, with a copy to the LME and the case manager.” Replace with: “If clinical staff at Murdoch Center determine that the individual does not meet the ICF-MR level of care a formal denial, including appeal rights is submitted to the individual/legally responsible person, with a copy to the LME and the case manager.”
- **Appendix E-Plan of Care:**
 - Appendix E-1/Plan of Care Development pg 1: Deleted the phrase under Case Manager that states that “These individuals are Qualified Professionals or Associate Professional working under the supervision of Qualified Professional.” Changed to state the following: “These individuals must meet the staffing requirements of the service definition for Targeted Case Management.”

- **Appendix G- Financial Documentation:**

The attachment updates Appendix G to add no new slots for wy2. Thus, there will be 10,000 slots in wy2, just as we have proposed for wy1. We continue to show an increase of 660 for wy3, for a wy3 total of 10,660.

- **The following attachment is included:**

-Services and Supports Provided by Legally Responsible Individuals, Relatives, and Legal Guardians.